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MARGIN RESERVED FOR FINDING N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index - - - No. <u>163</u>			
1. County <u>Maricopa</u>				County Registrar's - No. <u>1576</u>			
District _____				Local Registrar's - No. <u>756</u>			
Town or City <u>Phoenix</u>				No. <u>III7 E. Taylor</u> St. _____ Ward _____			
2. FULL NAME <u>Vernette Lovell</u>				(If death occurred in a hospital or institution, give its NAME instead of street number)			
(a) Residence. No. <u>III7 E. Taylor</u>				(If nonresident, give city or town and State)			
Length of residence in city or town where death occurred <u>I</u> yrs. <u>0</u> mos. <u>0</u> ds.				How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)		16. DATE OF DEATH (month, day, and year) <u>Oct. 15 1924</u>			
Female	White	Married		17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15</u> , 1924 to <u>Oct 15</u> , 1924			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>H. Lovell</u>				that I last saw h. <u>in</u> alive on <u>Oct 15</u> , 1924			
6. DATE OF BIRTH (month, day and year) <u>July 30</u>				and that death occurred, on the date stated above, at <u>10:45 PM</u>			
7. AGE	Years	Months	Days	The CAUSE OF DEATH* was as follows:			
25				<u>Pulmonary Tuberculosis</u>			
8. OCCUPATION OF DECEASED				(duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(a) Trade, profession, or particular kind of work <u>At Home</u>				CONTRIBUTORY (Secondary)			
(b) General nature of industry, business or establishment in which employed (or employer)				(duration) _____ yrs. _____ mos. _____ ds.			
(c) Name of employer				18. Where was disease contracted if not at place of death? <u>California</u>			
9. BIRTHPLACE (city or town) (State or country) <u>Texas</u>				Did an operation precede death? <u>No</u> Date of _____			
10. NAME OF FATHER <u>M.W. Vivian</u>				Was there an autopsy? _____			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Texas</u>				What test confirmed diagnosis? _____			
12. MAIDEN NAME OF MOTHER <u>Jones</u>				(Signed) <u>Charles B. Palmer</u> , M. D.			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Texas</u>				1924 (Address) <u>Phoenix Arizona</u>			
14. Informant <u>H. Lovell</u>				* State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
15. Filed <u>16-17, 1924</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn Cemetery</u>			
Local Registrar.				DATE OF BURIAL <u>Oct. 17, 1924</u>			
County Registrar.				ADDRESS <u>329 W Adams</u>			
V. S. No. 1				20. UNDERTAKER <u>A.J. Moore & Sons</u>			